

Henry County Health Department

Environmental Health Division, 1201 Race Street, Suite 208
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Public Health
Prevent. Promote. Protect.

On-site Sewage Disposal System Permit Extension Application

Please Check One: ☐ New Construction ☐ Replacement/Expansion ☐ Component ☐ Existing System

Homeowner Name: _____

Current Mailing Address: _____

Email Address: _____

Contact Telephone Number: _____

Number of Bedrooms or Bedroom equivalents in Proposed Building: _____

Parcel ID of Building Site: _____

Permit Number: _____

Agent Name: _____

Agent Address: _____

Agent Contact Telephone Number: _____

I (we), as the homeowner hereby certify that all information provided in this application is truthful and accurate and that there are no misrepresentations or falsifications herein. Any changes in this information without consultation with the Henry County Health Department will be considered grounds for revocation of an issued permit pursuant to Henry County Ordinance Number 2007-7-4-25. I (we) further attest that the original site characteristics, application information and plan submittal has not been changed or altered.

Signature of Homeowner _____ Date _____

Environmental Health Specialist _____ Date _____